



Illinois Department of Labor
 Equal Opportunity Workforce Division
 Licensing Section
 160 N. LaSalle St., Ste. C-1300
 Chicago, Illinois 60601-3150
 Telephone #: (312) 793-2810
 Facsimile #: (312) 793-5257

**PRIVATE EMPLOYMENT AGENCY
 RENEWAL APPLICATION**

Office Use Only

| | | |
|------------------|--|------|
| Check #: | | |
| File #: | | |
| Date Received: | | |
| Verified By: | | |
| Expiration Date: | | Fee: |

⇒ **PLEASE NOTE: ALL INFORMATION MUST BE PROVIDED OR APPLICATION WILL NOT BE PROCESSED.**

| | | | | | | |
|---|------------|--------------------------------------|------------------------------|------------------------------|--|--------------------------------------|
| Date: ____/____/____ | Check One: | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC | <input type="checkbox"/> LLP | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
| Doing Business under the Name and Style of: | | | | | | |
| Street Address: (Cannot be P.O. Box) | | | | | | County: |
| City: | | State: | | Zip Code: | | |

List All Telephone Numbers Used in the Agency (All Incoming and Outgoing Lines).

NOTE: Lines MUST be listed to Agency at above address and may not be shared with other business enterprises.

| | | | |
|--------------|--|--------------|--|
| Telephone #: | | Telephone #: | |
| Telephone #: | | Telephone #: | |
| Telephone #: | | Facsimile #: | |

Name All Private Employment Counsellors Employed by Your Agency. (Submit additional sheets, if necessary.)

| | | |
|--|--|---|
| Name: | Name: | Name: |
| Name: | Name: | Name: |
| Name: | Name: | Name: |
| Do you charge placement fees to the talent/domestic/applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Must Answer "YES" to at least one. |
| Do you charge placement fees to the client/family? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List any other business(es) you own in whole or in part: | | |
| General Manager of Agency: | | FEIN/SS#: <input type="text"/> |
| Name of Bonding Agent or Broker: | | Telephone #: <input type="text"/> |
| Bonding Agent Address: | | |
| City: | State: | Zip Code: |

If Agency is a Corporation or Partnership, application MUST be signed by the President and Secretary or by both Partners.

| | | | |
|--|--------|--------------|--|
| Signature of Corporate President, Sole Owner or Partner: ✕ _____ | | | |
| Residence Address: | | Telephone #: | |
| City: | State: | Zip Code: | |
| Signature of Secretary of Corporation or Second Partner: ✕ _____ | | | |
| Residence Address: | | Telephone #: | |
| City: | State: | Zip Code: | |